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FARJAMI & FARJAMI-LLP 26522 LA ALAMEDA AVENUE, SUITE 360 MISSION VIEJO, CA 92691 1/26/2005 SSITHIB2 00000072 10660154					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the Un States Postal Service with sufficient postage for first class mail in an envel addressed to the Mail Stop ISSUE FEE address above, or being facsim transmitted to the USPTO (703) 746-4000, on the date indicated below.		
					LESTER L. LAM (Depositor's na		
2 FC:8001					. Washington (Signat		
					Janu	ary 17, 2005	Œ
APPLICATION NO.	FILING DATE	FIRST NAMED INVE			TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/660,154	09/10/2003	Philip H. Thomps			n	0140107	4953
TITLE OF INVENTION: MULTI-MODE BIAS CIRCUIT FOR POWER AMPLIFIERS							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE			BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional NO		\$1400	\$1400		\$0	\$1400	04/04/2005
EXAMINER		ART UNIT		CL	ASS-SUBCLASS		
CHOE, HENRY		2817			330-285000		
1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 Farjami & Farjami LLP						
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Skyworks Solutions, Inc. Irvine, CA							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🕱 Corporation or other private group entity 🚨 Governm							
4a. The following fee(s) are	b. Payment of Fee(s):						
Sissue Fee			A check in the amount of the fee(s) is enclosed.				
Publication Fee (No small entity discount permitted) Advance Order - # of Copies2			Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 50-0731 (enclose an extra copy of this form).				
5. Change in Entity Status	(from status indicated above	s)	Deposit Accor	unt Nut	moer 30-0731	(enclose an extra	copy of this form).
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.							
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January 17, 2005